

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) LETSALLVOTE.ORG		FEC IDENTIFICATION NUMBER ▼ C C00557587	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DC London, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address 1100 G Street NW Ste 805		Amount 5000.00	
City Washington	State DC	Zip Code 20005	Transaction ID : SE.4109
Purpose of Expenditure Media Production		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014
Name of Federal Candidate GARY PALMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 5000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Smart Media Group, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address 1427 Leslie Avenue Ste 100		Amount 14800.00	
City Alexandria	State VA	Zip Code 22301	Transaction ID : SE.4110
Purpose of Expenditure Media Buy		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014
Name of Federal Candidate GARY PALMER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought 19800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	19800.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

PAUL KILGORE

[Electronically Filed]

Date

MM / DD / YYYY
05 / 23 / 2014

Signature

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(Schedule E)PAGE 2 OF 2
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Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee WELLS FARGO			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014		
Mailing Address 420 MONTGOMERY STREET			Amount 30.00		
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : SE.4113		
Purpose of Expenditure Wire Fee		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014		
Name of Federal Candidate GARY PALMER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President State: AL		
Calendar Year-To-Date Per Election for Office Sought 19830.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee WELLS FARGO			Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014		
Mailing Address 420 MONTGOMERY STREET			Amount 30.00		
City SAN FRANCISCO	State CA	Zip Code 94104	Transaction ID : SE.4114		
Purpose of Expenditure Wire Fee		Category/Type 001	Date of Disbursement or Obligation MM / DD / YYYY 05 / 21 / 2014		
Name of Federal Candidate GARY PALMER			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 06 <input type="checkbox"/> President State: AL		
Calendar Year-To-Date Per Election for Office Sought 19860.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	60.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	19860.00

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PAUL KILGORE

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Date

MM / DD / YYYY
05 / 23 / 2014

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